Program Fee and Registration

ROOM TYPE (SELECT ONE)

- ☐ Shared room
- ☐ Private single room

IF SHARING: BED PREFERENCE (SELECT ONE)

- ☐ One double bed
- ☐ Two separate beds

Roommate's full name: .....

PRICE PER PERSON

	Zelle or check	Credit/debit card
Shared room	**$3,540**	**$3,670**
Private single room	**$4,490**	**$4,655**

All prices include the full program and accommodations. Shared-room prices apply when two participants share one room. Discounted package prices apply when all payments are made by Zelle or check. No additional card-processing fee applies.

PAYMENT METHOD (SELECT ONE)

- ☐ Zelle: TherapyVlado@gmail.com
- ☐ Check to: 7530 N. Port Washington Rd., Fox Point, WI 53217, Attn: Causa Praesens LLC
- ☐ Credit/Debit Card (Payment Link): To pay by credit or debit card, please email TherapyVlado@gmail.com to request a secure payment link. You will receive a link to complete your payment.

DEPOSIT

Deposit per participant: $1,660, or $1,600 when paying by Zelle/check. The deposit is applied toward the total program fee.

Deposit amount paid: $ .....

Please select one:

- ☐ Deposit for myself only
- ☐ Deposit for myself and my roommate

SUGGESTED DONATION TO C. G. JUNG INSTITUTE OF CHICAGO IS $100

My donation is $ .....

Registration deadline: March 1, 2027
Final payment due: April 1, 2027.

Participant Agreement and Assumption of Risk

The Soul of Prague: In the Footsteps of Alchemy, Legends, and Analytical Psychology
Prague • Kutná Hora • Příbor · June 12 - June 21, 2027

1. PROGRAM ROLES

Causa Praesens LLC is the Program Organizer and payment recipient for this educational and cultural program.

Causa Praesens LLC
7530 N. Port Washington Road
Fox Point, WI 53217
USA

AMOS KamPoMaturite.cz, located at Dukelských hrdinů 21, 170 00 Prague 7, Czech Republic, provides local organizational and logistical assistance.

The C. G. Jung Institute of Chicago supports the program by advertising it and providing continuing education credits. The Institute does not collect participant payments or arrange accommodations, transportation, meals, excursions, or other travel services.

2. PARTICIPANT RESPONSIBILITIES

I have reviewed the proposed itinerary and understand that the program includes educational presentations, cultural excursions, guided walking tours, coach and public transportation, group meals, an opera performance, a river cruise, and visits to museums, religious sites, gardens, and historic buildings.

I understand that participation may involve extended walking and standing, cobblestones, stairs, hills, uneven surfaces, crowded public places, variable weather, and long excursion days.

I am responsible for:

- Obtaining a valid passport and any required visa or travel authorization
- Confirming current entry and exit requirements
- Arranging my international airfare
- Arriving in Prague in time for the program
- Reviewing relevant health and travel advisories
- Informing the Program Organizer of dietary, medical, mobility, or accessibility needs
- Bringing necessary medications and attending to my personal health
- Paying expenses arising from illness, medical treatment, evacuation, delayed travel, or early departure
- Protecting my passport, money, luggage, electronic devices, and other personal property

I agree to review current information from:

U.S. Centers for Disease Control and Prevention: https://wwwnc.cdc.gov/travel/

U.S. Department of State: https://travel.state.gov/content/travel.html

3. HEALTH, MOBILITY, AND INSURANCE

I believe that I am physically and psychologically able to participate in the activities I choose to attend. If I have concerns about my health or mobility, I will consult an appropriate health-care professional before traveling.

I understand that Causa Praesens LLC and the program presenters do not provide medical or psychiatric treatment during the program.

In an emergency, I authorize the Program Organizer to contact local emergency services and my designated emergency contact. I remain responsible for any resulting medical, transportation, or related expenses.

Comprehensive travel, medical, evacuation, and trip-cancellation insurance is strongly recommended.

Please select one:

- ☐ I have purchased travel insurance.
- ☐ I intend to purchase travel insurance before departure.
- ☐ I decline to purchase travel insurance and accept responsibility for losses that insurance might otherwise cover.

4. TRAVEL RISKS

I understand that international travel involves ordinary risks, including illness, communicable disease, transportation delays, accidents, weather, theft, crowds, unfamiliar environments, and changes in local conditions.

I voluntarily accept the ordinary and reasonably foreseeable risks connected with the itinerary and the activities I choose to attend. I agree to follow reasonable health and safety instructions issued by government authorities, transportation providers, hotels, venues, or the Program Organizer.

5. INDEPENDENT SERVICE PROVIDERS

The program uses independent hotels, restaurants, coach companies, public transportation providers, guides, museums, cultural venues, cruise operators, and other service providers.

Causa Praesens LLC does not own or directly control these independent providers. To the extent permitted by law, Causa Praesens LLC is not responsible for losses caused solely by an independent provider's acts, omissions, schedule changes, operational decisions, or failure to provide services.

Nothing in this agreement limits any participant right or responsibility that cannot legally be waived.

6. ITINERARY CHANGES

The published itinerary represents the Program Organizer's good-faith plan. Specific presenters, venues, performances, restaurants, attractions, schedules, and activities may change because of illness, weather, transportation disruption, venue closure, government restrictions, security concerns, supplier changes, insufficient enrollment, or other circumstances beyond the Program Organizer's reasonable control.

When reasonably possible, the Program Organizer will provide a comparable substitute. The cancellation or substitution of an individual presenter, excursion, performance, restaurant, or activity does not constitute cancellation of the entire program.

7. OPTIONAL AND INDEPENDENT ACTIVITIES

I understand that independent meals, free-time activities, optional excursions, and pre- or post-program travel are not supervised unless they are specifically identified as official program activities.

I accept responsibility for my decisions, safety, transportation, and expenses during independent activities.

Karlštejn Castle and other independent pre- or post-program excursions are not part of the organized group itinerary unless expressly added in writing.

8. PARTICIPANT CONDUCT

I agree to behave respectfully toward participants, presenters, organizers, guides, hotel staff, service providers, and members of the public.

I will follow reasonable program rules and instructions intended to protect safety, property, cultural sites, and the experience of the group.

The Program Organizer may remove a participant from an activity or the remainder of the program for behavior that is unlawful, threatening, harassing, dangerous, seriously disruptive, or repeatedly inconsistent with reasonable program instructions.

A participant removed for such conduct may be responsible for arranging and paying for separate lodging, transportation, meals, and return travel. Any refund will be governed by the published cancellation policy and applicable law.

9. ALCOHOL

Alcoholic beverages may be available during certain program meals and activities. I agree to consume alcohol responsibly, follow local laws, and accept responsibility for my decisions and conduct.

The Program Organizer may limit or discontinue alcohol service when reasonably necessary for safety or program management.

10. CONTINUING EDUCATION

The program offers 15 continuing education hours through the C. G. Jung Institute of Chicago to eligible participants who meet the Institute's requirements.

Requirements may include complete attendance at eligible educational sessions, attendance verification, submission of professional information, completion of evaluations, and payment of certificate-processing fee of $25.

Each participant is responsible for confirming that the credits will be accepted by the participant's licensing board or professional organization.

11. PAYMENT AND CANCELLATION

I acknowledge that I have received or reviewed the program fee, payment schedule, and cancellation policy.

I understand that:

- Registration is not complete until the required deposit and registration documents have been received.
- A nonrefundable $250 administrative cancellation fee applies once my deposit is received.
- Additional cancellation charges apply according to the published cancellation schedule.
- Cancellation must be submitted in writing.
- Airline, insurance, and independent travel purchases are governed by their own cancellation policies.
- Credit-card processing fees are nonrefundable except where required by law.

The payment and cancellation policy is incorporated into this agreement.

12. PROGRAM CANCELLATION OR EVENTS BEYOND THE ORGANIZER'S CONTROL

Causa Praesens LLC may modify, postpone, or cancel the program if it becomes unsafe, unlawful, impossible, or impractical to continue because of severe weather, natural disaster, epidemic, war, terrorism, civil unrest, transportation disruption, government action, border closure, strike, closure of essential venues, insufficient enrollment, or similar circumstances.

Any refund or credit will be determined according to the published cancellation policy, amounts recoverable from service providers, and applicable law.

Causa Praesens LLC is not responsible for separately purchased airfare, insurance, independent lodging, or other personal expenses.

13. ASSUMPTION OF RISK AND RELEASE

I knowingly and voluntarily accept the ordinary risks associated with international travel and the activities included in this program.

To the fullest extent permitted by law, I release and hold harmless Causa Praesens LLC and its employees, contractors, and authorized representatives from claims arising from:

- Ordinary and inherent risks of international travel
- My own acts or omissions
- My failure to follow reasonable safety instructions
- My independent or optional activities
- Events outside the Program Organizer's reasonable control
- Acts or omissions of independent service providers for which the Program Organizer is not legally responsible

This release does not apply to gross negligence, willful misconduct, fraud, or any responsibility that cannot legally be limited or waived.

14. PHOTOGRAPHY

Please select one:

- ☐ I consent to the use of identifiable photographs or video recordings in which I appear for educational, documentary, or promotional purposes.
- ☐ I do not consent to the promotional use of identifiable photographs or video recordings in which I appear.

The Program Organizer cannot control photographs taken independently by other participants or members of the public, but participants will be asked to respect one another's preferences.

15. ACKNOWLEDGMENT

Documents provided with this agreement:

- Program itinerary
- Program fee and payment schedule
- Cancellation policy
- List of included and excluded services
- Registration form

By signing below, I confirm that:

- I have read and understand this agreement.
- I have reviewed the proposed itinerary.
- I have received or reviewed the payment and cancellation policy.
- I understand the physical and travel demands of the program.
- I have had an opportunity to ask questions.
- I am at least 18 years old.
- I voluntarily agree to these terms.

Participant's full legal name: .....

Telephone: .....

Email: .....

Date: .....

Participant's signature: .....

EMERGENCY CONTACT

Name: .....

Relationship: .....

Telephone: .....

Email: .....